

REMARKS

In the Office Action dated August 24, 2004, prosecution was re-opened following the filing of Applicant's Appeal Brief, and new grounds of rejection were made. Claims 1, 2, 4 and 5 were rejected under 35 U.S.C. §102(e) as being anticipated by Kantrowitz et al. Claims 6 and 7 were rejected under 35 U.S.C. §103(a) as being unpatentable over Kantrowitz et al. in view of Fujita et al.

Applicant notes with appreciation that claim 3 was stated to be allowable if rewritten in independent form. Applicant respectfully traverses the above rejections, and therefore claim 3 has been retained in dependent form at this time.

Independent claim 1 has been amended to make clear that the support plate is continuous and one-piece, and has a length that is sufficient to receive the entirety of an examination subject thereon. It is this continuous one-piece support plate that is mounted cantilevered to the carrier, namely the floor stand 12 in the embodiment of Figure 1 or the ceiling stand 13 shown in the embodiment of Figure 2. Support for these limitations are clearly present in Figures 1 and 2. This structure has a number of advantages. As described at page 3, lines 5-7 of the present specification, for example, the support table is constructed extremely simply, so that a number of support tables can be economically provided, enabling the preparation of the number of patients at the same time for an examination at a computed tomography apparatus. These advantages are also discussed in the paragraph bridging pages 5 and 6 of the present specification.

With regard to the Kantrowitz et al. reference, Applicant respectfully submits that, this reference does not disclose a support table at all in the sense of amended claim 1, but instead discloses a surgical table having a table extension that can be

attached thereto to allow examination of a portion of a patient on the surgical table in a CT or MRI apparatus.

The overall surface on which the patient is supported in the arrangement disclosed in Kantrowitz et al. is not formed by a continuous one-piece support plate, but instead, as can be seen in Figures 2 and 3, an operating table 22 is provided with an attachable support member 28, which effectively serves as an extension to the operating table. The extension 28 is attached to a slightly protruding portion of the operating table by pegs 44. It is essential for the intended purpose of the Kantrowitz et al. arrangement for the surface on which the patient is supported to be formed in this two-part manner. Therefore, the Kantrowitz et al. reference does not disclose all of the elements of independent claim 1 as arranged and operating in that claim, and does not anticipate claim 1.

Although a rejection of claim 1 under 35 U.S.C. §103(a) based on Kantrowitz et al. was not made, it is clear that re-designing the Kantrowitz et al. arrangement to make the patient supporting surface continuous and one-piece would destroy the intended advantages achieved by the Kantrowitz et al. arrangement, which involve allowing modification of an operating table so as to also allow CT or MRI examinations to be made therewith. The Examiner has stated that after adjustment of the support plate extension has occurred, no further shifting ensues and therefore the support plate in Kantrowitz et al. is immobile. Applicant respectfully submits that this begs the question, because in order to reach such a state, it is necessary to make at least one adjustment of the Kantrowitz et al. structure, such as adding the extension 28 in the first place.

The importance of a two-part structure in the context of Kantrowitz et al. is described at numerous locations in the Kantrowitz et al. reference, such as at column 3, lines 39-42 and column 4, lines 19-23.

Claim 1 also has been amended to make clear that the continuous one-piece support plate, that is mounted cantilevered to the carrier, has a length that accommodates the entirety of an examination subject. Even if the operating table support surface in Kantrowitz et al. is considered to have a sufficient length to accommodate the entirety of an examination subject, this support surface (support plate) is not mounted cantilevered to a carrier. It is only when the extension 28 is added that a cantilevered arrangement can be considered to exist. When the extension 28 is added, however, the support surface is converted into a two-piece, non-continuous surface, contrary to the language of claim 1.

The Kantrowitz et al. reference, therefore, does not disclose all of the elements of claims 1, 2, 4 or 5, and therefore does not anticipate any of those claims.

As to claims 6 and 7, the Examiner relied additionally on the Fujita et al. reference, as providing details regarding the structure of the CT gantry. Even if the Kantrowitz et al. arrangement were modified in accordance with these teachings of Fujita et al., however, the subject matter of claims 6 and 7, which embody the subject matter of claim 1 therein, still would not result in view of the above discussion regarding the teachings of Kantrowitz et al. Claims 6 and 7, therefore, would not have been obvious to a person of ordinary skill in the field of CT system design, under the provisions of 35 U.S.C. §103(a), based on the teachings of Kantrowitz et al. and Fujita et al.

All claims of the application are therefore submitted to be in condition for allowance, and early reconsideration of the application is respectfully requested.

Submitted by,

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